CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	אס Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
	Eddie Holquin	Jr.	05 05		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Rostmarked		
Change of Address	El Paso, TX 799	.17	PX		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amou 667		
6 CAMPAIGN	MS/MRS/MR FIRST	, MI	Date Processed .		
TREASURER NAME	MG. Iliana	SUFFIX	Date Imaged		
	Holquir	7			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE#; CITY; STATE; TX	79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORTTYPE	January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Dey Year THROL	JGH Honth Day			
11 ELECTION	Month Day Year ELECTION TYP		General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	sentative #6		
14 NOTICE OF DIRECT CAMPAIGN	•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zi	ip Code			
additional pages					
	GO TO P	AGE 2			

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORI	I & I U IAL	.5	COVER SHEET PG Z		
15 C/OH NAME	Eddie Ho	olanin Jr.	16ACCOUNT # (Ethics Commission filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been mad	otice of political expenditures by political committees to support the candic e without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures. ••			
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL COMMITTEE ADDRESS SPECIFIC				
additional pages	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2955				
EXPENDITURE TOTALS	3. TOTAL F	\$			
	4. TOTAL POLITICAL EXPENDITURES \$ 7982.				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' DRTING PERIOD	\$ 0		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 66.52		
19 AFFIDAVIT		I swear, or affirm, under penalty of pe			
	ROSA MARIA HEI Notary Public, State of My Commission Ex 04-25-2006	pires 5	-7		
AFFIX NOTARY STAME			ate or Officeholder		
		he said Eddie Halgun ify which, witness my hand and seal of office.	, this the <u>77%</u> day		
Run musi	u Heredie		My PURIL of officer administering oath		
Signature of officer adr	ministering oath	Printed name of officer administering oath Title	of officer administering oath		

Texas Ethics Cor	mmission	P.O. Box 12070	Austin	n, Texas 78711-207	0 (512) 46	3-5800	1-800-325-850
		TRIBUTIONS .EDGES OR L	.OAN:	S		sc	HEDULE A
The Instruction	ом Guide explains h	ow to complete this form	n.		1 Total pages Scho	edule A:	
2 FILER NAME	Eddie-	Holquin J	<u>с</u> .		3 ACCOUNT # (Et	nics Commissio	n filers)
4 Date	5 Full name of a ROBE 6 Contributor ac 1823 1 E1 Pag	contributor out-of-state out-of-state chown and ldress; city; state; carl wyler so, TX 799	Zip Code		7 Amount of contribution (\$)		nd contribution tion (if applicable)
9 Principal occu	pation / Job title (Se	e Instructions)		10 Employer (See In:	structions)	lm.	
Date	Full name of contributor and	ia Gilles	Zip Code	~e	Amount of contribution (\$)		nd contribution tion (if applicable)
Principal occu	pation / Job title (Se	e Instructions)		Employer (See Ins	structions)		
) Date	Full name of or ROSA Contributor ad C343	Heredia dress; City; State; Chantilly			Amount of contribution (\$)		nd contribution tion (if applicable)
Principal occup	pation / Job title (Se			Employer (See Ins	structions)		
) Date	Full name of or Sergi Contributor add	o Salas	Zip Code		Amount of contribution (\$)		nd contribution ion (if applicable)
Principal occup	oation / Job title (See	Instructions)		Employer (See Ins	tructions)		
2/17/05	Full name of co Sofia Contributor add SIIAT EI Pas	Munoz	PAC (ID#:	(Amount of contribution (\$)		id contribution ion (if applicable)
Principal occup	ation / Job title (See	Instructions)		Employer (See Ins	tructions)		
If contril		TTACH ADDITIONAL state PAC, please se				ng requir	ements.

Texas Ethics Co	Nas	tin, Texas 78711-2	070 (512) 4	63-5800 1-800-325-8
POLIT	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	NS		SCHEDULE A
The INSTRUCT	אסו Guine explains how to complete this form.		1 Total pages Sch	redule A:
2 FILERNAN Eddi	e Holguin Ir.		3 ACCOUNT# (E	thics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (1D#) Commen Duarte 6 Contributor address; City; State; Zip Code 4615 Bonds 4.		7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
	#4615 Bonds Ct. El Paso, TX 79903 upation/Job title (See Instructions)	10 Employer (See	\$25 Instructions)	
D-1-				
2/17/05	Full name of contributor Out-of-state PAC (10#) Jan Engels Contributor address; City; State; Zip Code 2219 King James +		Amount of contribution (\$)	In-kind contribution description (if applicable)
	E1 Paso TX 79903) (.	400	
Principal occu	pation / Job title (See instructions)	Employer (See In	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:			
217/05	Richard + Alma W Contributor address; City: State: Zip Code 147 N. Davis	1150n	Amount of contribution (\$)	in-kind contribution description (if applicable)
P.J 1 - 4	El Paso TX 79907			
Frincipal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>2011 11</i>	contributor address; city: State; zip Code 339 N. Zaragoza El Pago TV 7990-	,	\$20	
Principal occup	eation / Job title (See instructions)	Employer (See Inc	structions)	
Date	Full name of contributor out-of-state PAC (ID# CObina Jimenez)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/17/05	Contributor address; City; State; Zip Code 9308 Carranza El Paso TX 79907) oct	
Principal occup	ation / Job title (See instructions)	Employer (See Ins	tructions)	
lf contrit	ATTACH ADDITIONAL COPIES outor is out-of-state PAC, please see instru	OF THIS FORM A	S NEEDED ditional reporting	g requirements.
Printed on recycles				

. VEITIVAL LAFERDITUKES

Revised 11/05/2003

I THE INSTRUCT	rion Guiss explains how to complete this form.	1 Total pages Sor	edule A:
FILER NAM Edd		3 ACCOUNT# (E	thics Commission filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Dete	Full name of contributor out-of-state PAC (10#:	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occu	D40 NOGAL PI. El Pago, TX 79915 upation/Job title (See Instructions)	Employer (See Instructions)	
Date (17/05	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation /Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (IDIF: Jebus Padi a Contributor address; City: State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P120 Than Chito E1 Paso TX 799 07	\$20	
Princi pal occup	eation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor Gout-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	El Paso TX 79907	\$20	
rincipal occup	ation / Job title (See instructions)	Employer (See Instructions)	

. OLITIOAL LAFENDITUKES

Revised 11/05/2003

	ION GUIDE explains how to complete this form.		1 Total pages Sol	nedule A:
FILER NAM	1:01101		3 ACCOUNT# (E	ithics Commission filers)
Date	To Tro To Vecese 31.			
Date	C 1		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
1-1-5	5 Contributor address; City; State; Zip Code	ina Hobui	-	The state of the s
11 1100	6 Contributor address; City; State; Zip Code 8734 Winchester	,	425	
	EI Pago. TX 79907			1
Principal occu	upation / Job title (See Instructions)	10 Employer (See In	structions)	
		76		
Date	Full name of contributor Out-of-state PAC (IDN:)	Amount of contribution (\$)	In-kind contribution
10-	Robert Barragan		COMMIDGEON (S)	description (if applicable
12100	Contributor address; City; State; Zip Code		\$100	1
	TO PORCE TO SOCIAL		1100	`
rincipal occu	pation / Job title (See Instructions)	Employer (See In:	trodlen)	
		Employer (Gee III	structions)	
Date	Full name of contributorout-of-state PAC (ID#)	Amount of	in-kind contribution
1	tugenio Mesta		contribution (\$)	description (if applicable)
17/05	Eugenio Mesta contributor address: City: State: Zip Code 721 Gary Lane		7 5 0 0	
			4200	
rincipal occur	El Paso TX 79937 pation / Job title (See Instructions)			
	(000)	Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	in-kind contribution
5105	KUN Bataky		contribution (\$)	description (if applicable)
200	Contributor address: City; State; Zip Code 7358 Alameda	-	4325	Signs
	-10			Sivili 13
incipal occup	EI YOSO, TX 79907 ation / Job title (See Instructions)		<u>_</u>	
	and (out allowed and allowed)	Employer (See Inst	ructions)	
	Full name of contributor Out-of-state PAC (ID#)	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
Date	Horizon Printing			1
5105	Contributor address; City; State; Zip Code		ASIA	IM ANE
Date 5 05	thorizon Printing contributor address; city; state; zip code 1125 N. Zarag Oza		0086	bonner
5105		Employer (See Inst	İ	bonner

OLITICAL LAFERDITURES

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	S		SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAMI	Eddie Holquin Jr.		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4-1-05	6 Contributor address; City; State; Zip Code		\$250	
·	El Paso,TX			<u> </u>
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 - -
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
If contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instruc			ng requirements.

LOANS				SCHEDULE E
,				
The Instruction G	IDE explains how to complete this form.		1 Total pages Sch	edule E:
2 FILER NAME	1		3 ACCOUNT # (Et	hics Commission filers)
Eddie	Holguin Jr.			T
тотл	AL OF UNITEMIZED LOANS:	+ + + + + + + + + + + + + + + + + + +	\$	\$
5 Date of loan 1/19/05	7 Name of lender Eddie + Iliana Hol	Out-of-state PAC (ID#:)	\$ Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; P.O. Box 17641	Zip Code		10 Interest rate
Y (N)	El Paso, TX 799	IJ.		11 Maturity date
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Ins	structions)	
14 Description of Colla	eral			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable		Zip Code		
19 Principal Occupation		20 Employer		
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
2/19/05	Eddie + Iliana-	Holquin		2,500.°°
is lender a financial institution?	Lender address; City; State;	Zip Code		Interest rate
Y (М)	El Paso, TX 799	ı T		Maturity date
Principal occupation	n/ Job title (See Instructions)	Employer (See Instruction	ns)	VIO
Description of Collate	· \-1-2.1-1		*****	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;			
Principal Occupation		Employer		WWW. U.S
If lender is o	ATTACH ADDITIONAL COPI out-of-state PAC, please see instruc			uirements.

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILERNAME Eddie Holquin Jr.	3 ACCOUNT # (Ethics Commission filers)
5 Payee name Print World 6 Payee address; City; State; Zip Code 900 magoffin Ave, 7	
Purpose of payment (See instructions regarding type of information required.)	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
Payee name Boxt Screen Printin 1/2005 Payee address; City; State; Zip Code 7358 Alameda El Paso TX 7990	Amount (\$) 250.
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee name Steta Bake State; Zip Code State; Zip Code State; Zip Code State; Zip Code State; Zip Code	Amount (\$) 15.00
Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Payee name Sketa Sakery 1/22/05 Payee address; City; State; Zip Code SGS Alameda E Paso TX 7990	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

P.O. Box 12070

POLITIO	CAL EXPENDITURES		SCHEDULE F
The Instruction	Guide explains how to complete this form.	1 Total	pages Schedule F:
2 FILERNAME	ie Holgnin IV.	3 ACCC	OUNT # (Ethics Commission filers)
	5 Payoe name US Postmaster 6 Payoe address; City; State: Zip Code Business Mail Entry Wr El Paso, TX	rit	7 Amount (\$) (81.72
8 Purpose of pay required.)	mant (See instructions regarding type of information	9 Complete if direct expend Candidate / Officeholder name	diture to benefit C/OH •• Office sought Office held
1/30/05	Payee name Carlos Sanchez Payee address; City; State; Zip Code		Amount (\$)
required.)	ment (See instructions regarding type of information	Complete if direct expend Candidate / Officeholder name	diture to benefit C/OH ** Office sought Office held
20705	Payee name H+ H Dinero Tree Payee address: City: State; Zip Code 9000 manf lawer El Paso, TX		Amount (\$) 54.18
Purpose of paying required.)	ment (See Instructions regarding type of information	•• Complete if direct expend Candidate / Officeholder name	diture to benefit C/OH Office sought Office held
2/19/05	Payee name Wal-Mart Payee address; City; State; Zip Code 9441 Alameda, El	20,7X,006	Amount (\$)
Purpose of payr required.)	ment (See instructions regarding type of information 29 for Neighborhood arty	Complete if direct expend Candidate / Officeholder name	liture to benefit C/OH Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

P.O. Box 12070

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guips explains how to complete this form.	1 Total pages ,Schedule F:
2 FILERNAME Eddie Holquin Jr.	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name Carlos Sanchez 2-19-05 6 Payee address; City; State; Zip Code El Paso,	7 Amount (\$) TY
8 Purpose of payment (See Instructions regarding type of information required.) +ables + chairs	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee name PDX Printing 22305 Payee address; City; State; Zip Code 100 Portino Diaz E	1 Paso, TX 79902 331.82
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee name US POSTAL Service Payee address: City: State: Zip Code Business Mail Entry El Paso, TX	Amount (\$) Unit 749.98
Purpose of payment (See Instructions regarding type of Information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee name Rothke Bothke Black	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) ATTACH ADDITIONAL COPIE:	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held S.OF. THIS FORM AS NEEDED

Austin, Texas 78711-2070 P.O. Box 12070 SCHEDULE F POLITICAL EXPENDITURES 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Amount (\$) Purpose of payment (See instructions regarding type of information ·· Complete if direct expenditure to benefit C/OH ·· Office held Candidate / Officeholder name Office sought bles + chairs Amount Date Pavee name Christian Soccer league Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office held donation Amount (\$) Purpose of payment (See instructions regarding type of information - Complete if direct expenditure to benefit C/OH required.) Candidate / Officeholder name Office held compaign signs **Amount** (\$) Purpose of payment (See Instructions regarding type of information -- Complete if direct expenditure to benefit C/OH --Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruction	Guide explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAME	Eddie Holquin Jr		3 ACCOUNT#	# (Ethics Commission filers)
3 Date 3 Purpose of payr	6 Payee address; City; State; Zip Code 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	25		7 Amount (\$)
required.)	il-out	• Complete if dire Candidate / Officeholder na		O Benefit C/OH ** Office sought Office held
3/30/05	Payee name US POST Master Payee address; City; State; Zip Code Business Mail Entry 1 E1 Paso, TX	unit		Amount (\$)
Purpose of payri required.)	nent (See instructions regarding type of information	•• Complete if dired Candidate / Officeholder nad	*	o benefit C/OH •• Office sought Office held
Date .	Payee name			Amount (\$)
Purpose of paym required.)	nent (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nan		b benefit C/OH •• flice sought Office held
Date .	Payee name			Amount (\$)
Purpose of paym required.)	ent (See instructions regarding type of information	Complete if direc Candidate / Officeholder nam	ne Of	benefit C/OH •• Rice sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	EDED	

P.O. Box 12070

1	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction	N Guide explains how to complete this form.	1 Total pages Sche	edule G:
2 FILER NAM	E Eddie Holgmin Jr.	3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Payee name Can paint State; Zip Code 6 Payee address; City; State; Zip Code TLOS Ridgerull Terrace At Landa GA 30019 7 Purpose of expenditure (See instructions regarding type of information requirements) Website	uired.)	Reimbursement from political contributions intended
Date 1/22/05	Payee name A 1 be + 3 cm 3 Payee address; City; State; Zip Code Shore # 1014 El Paso TX Purpose of expenditure (See instructions regarding type of information requ	uired.)	Amount (\$) GGG Reimbursement
	community meeting		from political contributions intended
Date 2 1 05	Payee name Clear Channel Out door Payee address; City; State; Zip Code P. O. Box 447 941 Purpose of expenditure (See instructions regarding type of information requestions)	uired.)	Amount (\$) 370. Reimbursement from political contributions intended
) 9 05	Payee name POSI master Payee address; City; State; Zip Code Downtown Station El Paso TX 79901 Purpose of expenditure (See instructions regarding type of information required postage)	uired.)	Amount (\$) Amount (\$)
2111/05	Payee name Speaking Rock Payee address; City; State; Zip Code 122 8. Preblo El Paso, TX 79901 Purpose of expenditure (See instructions regarding type of information requ	ired.)	Amount (\$) 255. 19 Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruct	ion Guide explains how to complete this form.	1 Total pages Sc	rhedule G:
2 FILER NAI			
	Eddie Holquin Jr.	3 ACCOUNT#	Ethics Commission (Kers)
4 Date	5 Payon name US Postmaster		8 Amount (\$)
2/11/05	E1 Paso, TX 79907		23.97
	7 Purpose of expenditure (See instructions regarding type of information	required.)	Reimbursement
	pastage		from political contributions intended
Date	Personame FCDEX Kinkob		Amount (\$)
- 1 - 1 -	Payee address; City; State: Zip Code		1 23
भाभक	E1 Paso, TX 79936		3.
	Purpose of expenditure (See instructions regarding type of information	required.)	Reimbursement
	Shpplies		from political contributions intended
Date	Payor name Secrets		Amount
	Payee address; Cyly; State; ZID Code	• • • • • • • • • • • • • • • • • • • •	- 1 QT
2/18/05	1765 Ridgimill Terrace		24
	Purpose of expenditure (See instructions regarding type of information r	manufactural V	
,	Website	equired.)	Reimbursement from political contributions
Date	Payee name		intended
	Home Depot		Amount (\$)
21.10	Payee address: City: State; Zip Code		115.09
3/1/05	ET Paso, TX		
	Purpose of expenditure (See Instructions regarding type of information r	equired.)	Reimbursement from political
	sign supplies		contributions intended
Date	Elearchannel Owldoor		Amount (\$)
21/1	Payee address: 84 State: Zip Code		960.00
الم	Dallas, TX 75284		
	Purpose of expenditure (See instructions regarding type of information re	aquired.)	Reimbursement from political
	DIII DULAS		oontributions intended

POLIT MADE	ICAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruct	on Guide explains how to complete this form.	1 Total pages Sci	nedule G:
2 FILER NAM	Eddie Holquin Jr.	3 ACCOUNT# (E	Ethics Commission filers)
3 5 Q	5 Payee name Diamond Shamnock 6 Payee address; City: State; Zip Code		8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required COS	vired.)	Reimbursement from political contributions intended
3/12/05	Passe name Speaking Rock Payee address; City; State; Zip Code 122 3. Pueblo El Paso TX		Amount (\$) 58.40
Date	Purpose of expenditure (See instructions regarding type of information requisitions and the second sec	ired.)	Reimbursement from political contributions intended
3/30/05	Payae address: Ohur State: 710 Code El Paso TX		Amount (\$)
	Purpose of expenditure (See Instructions regarding type of Information required to the formula of the second secon	red.)	Reimbursement from political contributions intended
3/18/05	H+1anta, SA 30019		J4.
	Purpose of expenditure (See instructions regarding type of information requi	red.)	Reimbursement from political contributions intended
Date	Payee name Fed Ex Kinkos		Amount (\$)
3/15/05	Payee address; City: State; Zip Code 4190 N. Mesast.		35.57
	Purpose of expenditure (See instructions regarding type of information require POSH CANDS	ed.)	Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Тhe інвтиист	ION GUIDE explains how to complete this form.	1 Total pages Sche	idule G:
2 FILER NAME Eddie Holquin Jr. 3 ACCOUNT# (E		nics Commission (Ners)	
4 Date	5 Payor namo US Postmaster		8 Amount (\$)
3/15/05	16 Payee address: City; State; Zip Code 1 Station 1 Payer address; City; State; Zip Code 1 Payer address; City; State; Zip Code		92.00
	7 Purpose of expenditure (See Instructions regarding type of Information	n required.)	Reimbursement from political contributions intended
Date 3/23/05	Payee name, Payee address; City: State: Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information Sign Supplies	n required.)	Reimbursement from political contributions intended
Date	Payee address; City; State; Zip Code		Amount (\$)
3/25/05	El Paso, TY		39.08
	Purpose of expenditure (See instructions regarding type of information Sign Supplies	required.)	Reimbursement from political contributions intended
Date 2 1 ハベ ハゲ	Payee name Diamond Shamfock Payee address; City; State; Zip Code		Amount (\$)
عامالا	Purpose of expenditure (See instructions regarding type of information SNACKS for volunteers	n required.)	Reimbursement from political contributions intended
Date	Breaking Rock		Amount (\$)
3/25/05	Payee address; City: State; Zip Code 122 5. Puch 10 El Paso; X		49.95
	Purpose of expenditure (See instructions regarding type of information Staff dinner	required.)	Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL	EXPENDITURES
MADE FRO	M PERSONAL FUNDS

SCHEDULE G

The Instruc	TION GUIDE explains how to complete this form.	1 Total pages Schedule G:
2 FILER NA	Eddie Holquin Jr.	3 ACCOUNT# (Ethics Commission Hers)
. Date	5 Payor name Ducky Screen Print	8 Amount (\$)
3/25/05	6 Payee address; City: State; Zip Code 601 Dryden Fl Ph. AD TX 79907	339.57
	7 Purpose of expenditure (See instructions regarding type of information +- Shirts + Caps	Reimbursement from political contributions intended
Date	Payee name	Arnount
427/0	Peyee address; City: State: Zip Code 6 4441 Alameda El Paso, TX 79907	90.63
	Purpose of expenditure (See instructions regarding type of information	required.) Reimbursement from political
	Leaster promotion	contributions intended
Date 5/25/05	Payse name Diamond Shannock Payse address; City; State; Zip Code	Amount (\$) 42
70	El Paso,TX	
	Purpose of expenditure (See instructions regarding type of information of VOI where Snacks	Reimbursement from political contributions intended
Date	Payee name 0 0	Amount
30/05	Payee address; City: State: Zip Code 1530 J. G. Oody ear Dr.	188. 33
•	Purpose of expenditure (See instructions regarding type of information r	
	Signo	from political contributions intended
	Peyes name Pey Ce Sucolu CO.	Amount (\$)
Date	1. 19900. O.H. J.	• • • • • • • • • • • • • • • • • • • •
Date	Payee address; City; State: Zip Code 1530 J. Goodhear Dr.	164.00
)30 05	Payee address; City; State: Zip Code	equired.) Reimbursement from political

POLITI MADE	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
	on Guide explains how to complete this form.	1 Total pages Sch	edule G:
2 FILER NAM	Eddie Holgnin Jr.	3 ACCOUNT# (E	thics Commission Sters)
4 Date 4 3 05	5 Payee name HOME DEPOH 6 Payee address; City; State; Zip Code 1/360 ROJOS FI POSO, TX 7 Purpose of expenditure (See Instructions regarding type of information required to the second seco	iired.)	Reimburaement from political contributions intended
Date 4 3 05	Payee name; Payee address; City; State; Zip Code El Poso, To Purpose of expenditure (See instructions regarding type of information requi	red.)	Amount (\$)
Date	Payee name City: State: Zip Code		contributions intended Amount (\$)
	Purpose of expenditure (See instructions regarding type of information require	•d.)	Reimbursement from political contributions intended
Date	Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requi	red.)	Reimbursement from political contributions intended
Date	Payse address; City; State; Zip Code		Amount (\$)
-	Purpose of expenditure (See instructions regarding type of information requin	ed.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED	